

MUNOFS VI Research Report

Forum: Advisory Panel

Issue: The Question of Curbing the Spread of Diseases in the Central African Republic

Student Officer: Mock Yi Jun

Position: Vice - President

Introduction to the Central African Republic

Post-independence, the Central African Republic emerged from its position as the colony known as French Congo, and gained independence in 1958. Amidst a constant stream of revolutions and coup d'états, such as in 1965, 1979, 1981, and most recently in the Central African Republic conflict of 2012-2013, the nation has remained unstable.

Majority of the population remains in a state of extreme poverty, and lacks access to basic necessities. As stated by the United Nations High Commission for Refugees, the 'fragile socio-economic environment and volatile security situation' prevents the implementation of effective action and initiatives in the nation.

Introduction to the Issue at hand

In light of these facts, the living conditions and state of affairs of a vast majority of the population has allowed the spread disease to be virulent. Many of the world's deadliest diseases can be found in the Central African Republic, such as the Human Immunodeficiency Virus Infection/ Acquired Immunodeficiency Syndrome (HIV/ AIDS), Leprosy, Malaria, Typhoid Fever and Bilharziasis among others.

Placing 0.459 on the United Nation Development Programme's Human Development Index for Health, the health of the population can be seen to be a grave issue. With a vast majority of the population lacking access to basic healthcare, deficiency of infrastructure, and the aftermath of the recent conflict, the rampant spread of disease is a problem that urgently needs to be addressed.

Key Terms Defined

In the following key word definitions, the main diseases affecting the Central African Republic have been categorised by their mode of transmission.

Disease: A pathologic condition in which the normal functioning of an organism or body is impaired or disrupted resulting in extreme pain, dysfunction, distress, or death.

Food/Waterborne Diseases: Diseases that are spread through the consumption of contaminated food or water.

i.e. Bacterial and Protozoal Diarrhea, Hepatitis A, Typhoid Fever

Vectorborne Diseases: Vector-borne diseases are infections transmitted by the bite of infected arthropod species.

i.e. Malaria

Respiratory Diseases: Any disease affecting the respiratory system and its respective organs.

i.e. Meningococcal Meningitis

Water Contact Diseases: Any disease involving bodily contact with a source of contaminated water, apart from direct consumption.

i.e. Schistosomiasis

Animal Contact Diseases: Any disease involving bodily contact with a contaminated source of animal origin.

i.e. Rabies

The following key term definitions will cover the broad terms commonly used with regards to the issue.

Healthcare: The prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions.

Transmission: The passing of a communicable disease from an infected host individual or group to a conspecific individual or group.

Vaccination/ Immunisation: Injection of a killed microbe in order to stimulate the immune system against the microbe, thereby preventing disease.

General Overview of the Topic

The topic therefore seeks to introduce methods to curb the spread of diseases in the Central African Republic, while taking into account the unstable situation within the nation. Resolutions are not expected to be technical, but should focus on providing practical solutions to the issue at hand. Some key areas of the issue include, but are not limited to:

- Vaccination of children against major diseases

With much of the population living in poverty, and inadequate health supplies and infrastructure, a large majority of children in the Central African Republic have not been given basic inoculations to diseases like Polio and Measles. This has led to high infant mortality rates, of 176 deaths in every 1,000 births by 5 years of age. Even though mass vaccination drives are commonplace, they are unable to reach out to the children living in rural areas, and are usually short-lived and unsustainable one-off events.

- Supply of clean, potable drinking water

A lack of clean drinking water has led to the wide spread of diseases of both waterborne and water contact diseases. Most of the population attains its water from communal wells, or shared water sources. This has meant that whole communities can be affected by diseases just by consuming or coming into contact with a contaminated water source.

- Lack of necessary infrastructure, such as hospitals, medical centres, etc.

With the instability that the Central African Republic faced, there is a severe lack of healthcare facilities, with majority of healthcare being administered from mobile crews and temporary health posts. Only 1.5 percent of the Central African Republic's GDP is spent on healthcare. Much of existing infrastructure is only located in the capital, and many of these healthcare facilities have experienced severe looting and disruptions from the conflicts. As such, the lack of needed infrastructure is a severe problem.

- Training of medical personnel within the Central African Republic

Much of the Central African Republic's doctors, medics, and social workers come from NGOs or foreign nations, attached to the Central African Republic on service missions. This creates a reliance on foreign aid and personnel. A long-term topic in solving the issue, would be coming

up with plans to train locals to take on the roles that other nations have been providing, in order to promote long-term health sustainability and self-sufficiency in dealing with disease.

- Supply chains to facilitate provision of healthcare supplies to all parts of the nation

Due to looting and the sparse spread of the population in rural areas, this has led to much of foreign health aid being concentrated in the capital of Bangui, or major cities like Bossangoa. This aid is meant to be distributed to the rural areas where a majority of the population resides, particularly due to displacement from the recently concluded conflicts. With looting and corruption, however, and the inaccessibility of rural areas, this has led to the inability of aid and supplies to reach the people living in the outskirts. Therefore, the supply lines to disseminate aid are a grave concern.

- Methods of providing medical attention to conflict-ridden zones

Even with the end of the 2012 - 2013 conflict, a large concern is the presence of fighting still occurring between the Seleka Coalition and supporters of the former regime. In a country still largely lawless, fighting still ensues in pockets of the nation. A major consideration would be the issue of how health and medical care could be brought to locals trapped within these zones.

- Communications

Communicating with the general population on government and NGO intentions with regards to healthcare has always been difficult. In informing the public about vaccination drives or health initiatives, the main method of dissemination is through public handouts or announcements via loudhailer. As much of the public has no access to televisions or handphones, information is usually passed via word of mouth, leading to inefficient information transfer. An efficient, centralised system, would be the most desirable option.

- Education of the populace on health practices

Educating the general population about diseases is essential. This currently takes two forms; educating children in schools about diseases, and educating the population about detecting and reacting to diseases. This has proved to be challenging, with low literacy rates and low education rates among locals. Educating the people with basic knowledge to fight diseases, however, is essential to curbing the spread of diseases.

- Research into diseases found solely in the Central African Republic
- Access emergency services

This list is not exhaustive, and there are many aspects to consider when dealing with the issue.

Challenges of the Topic

With much of the population being **unable to afford** adequate healthcare, most have either turned to **self-medication, not seeking treatment** in the case of disease, or to stealing the medicine from local hospitals or mobile crews. This has led to many complications, such as administering of the wrong prescription drugs, inconvenience to local health infrastructure, and increasing resistance of the viruses to medication.

The main concern facing the Central African Republic is **instability**. With a **weak economy** and **political turmoil**, this has led to national healthcare being inadequate to cope with the large population and disease spread. For example, according to UNICEF, 30 percent of deaths among children under 5 are caused by pneumonia. 10 vaccination centres exist in the Central African Republic city of Bangui. However, out of these, barely 4 of the centres are operational throughout the year. Some of them, are only operational for up to 6 months in a year. This is caused by a **lack of funding** by the government for national healthcare. Another example would be how the originally planned national Anti-Polio Drive was postponed for months until fulfillment due to the inability to secure the funding. As such, most of the population is unable to be vaccinated against the disease. This lack of funding has also meant that adequate infrastructure, such as hospitals, are few and far between, making them **inaccessible** to most.

A **lack of awareness** of diseases has also made it difficult to deal with disease spread. With a majority of the population having low to no education, many families are unable to gauge what disease a fellow family member could have contracted. For example, as pointed out by local health workers, is the difficulty in distinguishing between pneumonia, tuberculosis, bronchitis, whooping cough, and other respiratory diseases. More often than not, this lack of awareness means that victims of severe respiratory diseases are not brought to a hospital or medical centre until symptoms become severe. At such stages, treatment is often futile. Therefore, a lack of awareness of the general populace remains as a staunch obstacle.

In the past, many Non-Governmental Organisations operating within the Central African Republic have been obliged to temporarily or permanently **suspend their initiatives**, due to complications such as **abduction of health workers** and **banditry of health supplies**. According to NGO Médecins sans Frontières (Doctors Without Borders), a significant majority of UN organs and NGOs were obliged to withdraw to the capital of Bangui during the conflict-ridden war years, leaving a majority of the 4.4 million population without aid. Even with the coup d'état over, the Central African Republic has remained a region lacking law and order, with small conflicts still ongoing, and only an estimated 200

policemen to regulate the entire nation. This has meant that foreign aid and outside help has had limited effectiveness.

In addition, the **inaccessibility of rural areas**, and **lack of infrastructure** makes external aid a challenge to fulfill.

Major Parties Involved and Their Views

Central African Republic - As the focus region for this issue, the Central African Republic can therefore be seen to be the main stakeholder in the resolution of this issue. According to the World Health Organisation, 35% of the population suffers from diarrheic diseases, 21% of the population suffers from respiratory infections, and 20% of the population suffers from malaria. According to UNAIDS, 130, 000 members of the population suffer from HIV/ AIDS. With this in mind, it would be in the Central African Republic's best interests to resolve the issue. However, with a focus on stabilising the political situation in the country, the co-operation and vigour of the Central African Republic cannot be guaranteed.

World Health Organisation/ other Subsidiary Bodies - As the United Nation's leading subsidiary organ operating within the Central African Republic, the WHO has initiated many programmes in partnership with the governing party in the Central African Republic. Some of the more high-profile schemes by the United Nations as a whole include UNICEF Goodwill Ambassador Mia Farrow's 3-day Polio vaccination campaign. However, much has to be done to contribute to the solving of the issue.

The UN subsidiary organs tasked with healthcare in the Central African Republic include:

- *World Health Organisation (WHO)*
- *United Nations Children's Fund (UNICEF)*
- *United Nations Office for the Co-ordination of Humanitarian Affairs (UNOCHA)*

Non-Governmental Organisations - Many NGOs, almost 19, operate initiatives and programmes within the Central African Republic, ranging from emergency health crews, mobile vaccination and inoculation units, healthcare education teams, among other activities. Due to complications arising from the conflict, many NGOs have been unable to effectively carry out their duties. In spite of this, many still express interest in improving the health situation in the Central African Republic.

Some notable NGOs operating in the Central African Republic include:

- *Association des Oeuvres Medicales des Eglises pour la Sante en Centrafrique*
- *Cooperazione Internazionale (COOPI)*

- *Médecins Sans Frontières (Doctors Without Borders)*
- *International Medical Corps (IMC)*
- *International Committee of the Red Cross (ICRC)*
- *Merlin*

Neighbouring Nations - Chad, Sudan, DR Congo, South Sudan, Cameroon and R Congo, are all nations that border the landlocked country of the Central African Republic. With refugees spilling from the Central African Republic into these neighbouring territories in sizeable numbers due to conflict and unrest, diseases have spread across nations. With limited resources and internal concerns, these nations would be unable to commit large amounts of aid. However, to prevent the spread of diseases to their own people, they would likely co-operate in the combating of disease.

Timeline of events

As the issue of disease is one that has transcended decades in the Central African Republic, only certain key events in recent history will be highlighted.

3 November, 2003 - A collaboration of the International Committee of the Red Cross (ICRC), the Rotary Club International (RCI), the United Nations Children's Fund (UNICEF), and the United Nations World Health Organisation (WHO) launched the weeklong national Anti-Polio Immunisation Campaign.

16 May, 2008 - UNICEF Goodwill Ambassador Mia Farrow visits the Central African Republic and launches the 3 day polio vaccination campaign. 750, 000 children estimated to have received inoculation.

12 November, 2012 - Launched on World Pneumonia Day, UNICEF and the Network of Journalists for Human Rights in Central African Republic launched the national pneumonia media awareness campaign.

28 March, 2013 - Multiple aid organisations, such as the ICRC and UNICEF have called for an end to looting of aid supplies. This comes after raids on the United Nations World Food Programme (WFP) and ICRC among others. Supplies, vehicles, and other equipment were reported to be stolen, some of which is attributed to the actions of the Seleka Coalition.

1 April, 2013 - International Medical Corps (IMC), in partnership with the UN and other aid agencies, begins a multi-sectoral assessment on humanitarian needs in the Central African Republic, including on

health care and medical supplies.

22 May, 2013 - UNICEF launches a 5-day Emergency Measles Vaccination Campaign, in partnership with the Ministry of Health in the Central African Republic, the WHO, the Central African Red Cross and NGOs Merlin, IMC, ACF, and COOPI to reach out to an estimated 125, 000 children across the nation.

17 July, 2013 - UNOCHA releases a reviewed Consolidated Appeal for Central African Republic 2013, detailing that an US\$195, 136, 527 is needed to assist the nation.

26 July, 2013 - Third UNICEF cargo plane, and to date largest shipment of supplies totalling to 52 metric tonnes of humanitarian aid, touches down in Bangui. Within the shipment is medicine and health supplies to treat an approximate 20, 000 people.

United Nations and its subsidiaries

Millennium Development Goal 6 highlights the United Nations' stance on the issue hand. Reading 'Combat HIV/AIDS, Malaria, and other diseases', the United Nations is committed to combating the spread of disease in the Central African Republic.

Various United Nations documents, such as Treaties and Resolutions, have been passed in relation to the issue, such as, but not limited to:

- A/RES/41/200 (1986) Assistance to Benin, the Central African Republic, the Comoros, Democratic Yemen, Djibouti, Equatorial Guinea, the Gambia, Guinea, Guinea-Bissau, Haiti, Madagascar, Nicaragua, Sierra Leone and Vanuatu
- A/RES/64/286 (2010) Financing of the United Nations Mission in the Central African Republic and Chad

However, United Nations' efforts by the international community have still been markedly low. Most efforts undertaken are by individual NGOs or UN Organs, and little collective action has been taken, an area of which could be viably pursued.

Possible Solutions

- Enhancement of existing mobile crews operating in the Central African Republic

With a majority of the population living in rural zones, mobile health crews are one of the only

effective methods of delivering needed supplies and treatment. Delegates could look at how these mobile crews can be better utilised to serve the people.

- Compulsory health care courses in educational institutions

How can the local population be educated in the diseases rampant in the region? Delegates could look at making health education a standard in schools, or hold basic health care lessons for the general populace.

- Usage of media, i.e. flyers

Greater public awareness of diseases and how to treat them is necessary in many parts of the Central African Republic where education is not accessible. Ways of disseminating information thus become important tools that the government and NGOs can utilise.

- Employment of local citizens with the UNDP to construct infrastructure in return for wages

Provision of necessary health care infrastructure, in addition to employment of locals, as a measure that could be implemented. Similar methods have been adopted in the Republic of Burundi.

- Observer missions to analyse the on-ground situation

Differing information to the World Health Organisation, UNICEF and NGOs has proved confusing. This has affected effective decision-making in terms of allotment of resources. Observer missions would thus allow the monitoring of the situation on the ground.

- Compulsory inoculation/ vaccination of the young

A requirement in many nations, a key step towards solving the issue is ensuring that the younger generation is given its best protection against diseases. Mandatory vaccination is an effort that many have tried to implement in the Central African Republic, and is a very viable solution.

- Security and protection of NGO and government health staff

As of 9th July, 2013, the Central African Republic had only 200 policemen to enforce law and order in a sizeable nation. Measures must be taken to ensure that NGOs, UN organs, and other aid workers can carry out their initiatives within the nation.

This list is not exhaustive, and other practical solutions would be looked favourably upon. In addition, delegates are reminded to keep the unstable situation in the Central African Republic in mind when formulating potential solutions.

Conclusion

With the far-reaching range of diseases in the Central African Republic, widespread poverty, and a low standard of living among other challenges, disease spread is a very pertinent issue. However, with the nation emerging from the Central African Republic 2012 - 2013 conflict, there is hope that the nation will be able to co-operate with the UN and various NGOs to re-shape its future and stabilise itself as a nation. While steps are being taken already, much can be done to help the people of the Central African Republic find a viable way out of its health care crises.

Further Reading

- http://www.who.int/hac/cap_2013_Feb.pdf
- <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2961523-2/fulltext?rss=yes>
- <http://www.unaids.org/en/regionscountries/countries/centralafricanrepublic/>
- http://www.indexmundi.com/central_african_republic/major_infectious_diseases.html
- <http://www.who.int/hac/crises/caf/en/>
- http://www.unicef.org/infobycountry/car_statistics.html

Works Cited

- Cia.gov (n.d.). *The World Factbook*. [online] Retrieved from: <https://www.cia.gov/library/publications/the-world-factbook/fields/2193.html> [Accessed: 16 Aug 2013].
- Refugees, U. (2011). *UNHCR - Central African Republic*. [online] Retrieved from: <http://www.unhcr.org/pages/49e45c156.html> [Accessed: 16 Aug 2013].
- (UNDP), H. (2013). *International Human Development Indicators - UNDP*. [online] Retrieved from: <http://hdrstats.undp.org/en/countries/profiles/CAF.html> [Accessed: 16 Aug 2013].
- Biology-online.org (2013). *Disease - definition from Biology-Online.org*. [online] Retrieved from: <http://www.biology-online.org/dictionary/Disease> [Accessed: 16 Aug 2013].
- Dictionary.com (2013). *the definition of respiratory disease*. [online] Retrieved from: <http://dictionary.reference.com/browse/respiratory+disease> [Accessed: 16 Aug 2013].

- Ecdc.europa.eu (n.d.). *Vector-borne diseases*. [online] Retrieved from: http://www.ecdc.europa.eu/en/healthtopics/climate_change/health_effects/Pages/vector_borne_diseases.aspx [Accessed: 16 Aug 2013].
- TheFreeDictionary.com (n.d.). *health care*. [online] Retrieved from: <http://medical-dictionary.thefreedictionary.com/health+care> [Accessed: 16 Aug 2013].
- Bush, A.O. *et al.* (2001) Parasitism: the diversity and ecology of animal parasites. *Cambridge University Press*. Pp 391-399.
- World Health Organisation (n.d.). Untitled. [online] Retrieved from: http://www.who.int/quantifying_ehimpacts/national/countryprofile/centralafricanrepublic.pdf [Accessed: 16 Aug 2013].
- Unaids.org (2011). *Central African Republic*. [online] Retrieved from: <http://www.unaids.org/en/regionscountries/countries/centralafricanrepublic/> [Accessed: 16 Aug 2013].
- Medterms (2013). *Vaccination*. [online] Retrieved from: <http://www.medterms.com/script/main/art.asp?articlekey=5925> [Accessed: 17 Aug 2013].
- Un.org (2013). *United Nations Millennium Development Goals*. [online] Retrieved from: <http://www.un.org/millenniumgoals/> [Accessed: 17 Aug 2013].
- IRINnews. 2013. *CENTRAL AFRICAN REPUBLIC: Diagnosis difficulties behind pneumonia spread*. [online] Available at: <http://www.irinnews.org/report/96757/central-african-republic-diagnosis-difficulties-behind-pneumonia-spread> [Accessed: 8 Sep 2013].
- IRINnews. 2013. *CENTRAL AFRICAN REPUBLIC: Government launches nationwide anti-polio drive*. [online] Available at: <http://www.irinnews.org/fr/report/47024/central-african-republic-government-launches-nationwide-anti-polio-drive> [Accessed: 8 Sep 2013].
- UNICEF. 2013. *UNICEF - Central African Republic - Mia Farrow travels to CAR to support the fight against polio*. [online] Available at: http://www.unicef.org/infobycountry/car_43970.html [Accessed: 8 Sep 2013].
- UNICEF. 2013. *UNICEF - Press centre - UNICEF-chartered cargo plane delivers life-saving humanitarian supplies to Central African Republic*. [online] Available at: http://www.unicef.org/infobycountry/media_69972.html [Accessed: 8 Sep 2013].